



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

PROPERTY CONTROL / CRIME LAB SUBMISSION

LABORATORY NUMBER

Do not write in this area

AGENCY INFORMATION									
AGENCY NAME <input type="checkbox"/> OSHP <input type="checkbox"/> OIU <input type="checkbox"/> OTHER (list below)			AGENCY MAIN ORI or OSHP / OIU ASSIGNED FACILITY MAIN ORI				DISTRICT / OIU OFFICE		OSHP POST
OFFICER / SUBMITTER NAME								UNIT / BADGE NUMBER	
SUBJECT INFORMATION									
NAME (last, first, MI)								DATE OF BIRTH	
INCIDENT INFORMATION									
<input type="checkbox"/> Case									<input type="checkbox"/> Misdemeanor
<input type="checkbox"/> Crash									<input type="checkbox"/> Fatal Crash
CAD No.									
PROPERTY NUMBER	PROPERTY DESCRIPTION			LOCATION COLLECTED			SERIAL NUMBER		YOUR ID MARK
PROPERTY CHAIN									
PRINTED NAME	SIGNATURE		UNIT NO.	TIME	DATE	COMMENTS	RECEIVING OFFICER PRINTED NAME	RECEIVING OFFICER SIGNATURE	UNIT NO.
						COLLECTED	-----	-----	-----
CRIME LAB EXAMINATION									
(Check Type or Types of Laboratory Examination Desired)									
TOXICOLOGY: BLOOD / URINE / OTHER FLUID									
<input type="checkbox"/> Blood / Urine Analysis (Fluid container sealed and labeled with time, date, name and collector)					<input type="checkbox"/> DRE Certification # _____				
<input type="checkbox"/> For all Available Drugs			<input type="checkbox"/> For Specific Drug(s) _____		<input type="checkbox"/> For Alcohol		<input type="checkbox"/> SF Capsule Added by: _____		<input type="checkbox"/> Deceased
DRUG / CONTROLLED SUBSTANCE ANALYSIS <i>(Note: Misdemeanor Marijuana amounts will not be tested unless specifically requested)</i>									
<input type="checkbox"/> Beverage Analysis			<input type="checkbox"/> Examination _____			<input type="checkbox"/> Store Evidence Until Further Notice		<input type="checkbox"/> Destroy the Submission (No Prosecution)	
OSHP DIGITAL FORENSIC EXAMINATION DO NOT SEND TO THE OSHP CRIME LAB					BCI LABORATORY EXAMINATION DO NOT SEND TO THE OSHP CRIME LAB				
<input type="checkbox"/> Digital Forensic Analysis (Complete CCU Request Service Form)					<input type="checkbox"/> Video Analysis (Complete FVA Unit Form)				
Submission of this completed form and evidence to the OSHP Crime Lab implies acknowledgement/authorization for lab staff to determine the most appropriate test methods to employ based on the evidence and test request(s).					Remarks:				

INSTRUCTIONS FOR COMPLETING THE OHP 0161



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AGENCY INFORMATION									
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OFFICER / SUBMITTER NAME							UNIT / BADGE NUMBER		
SUBJECT INFORMATION									
NAME (last, first, MI)								DATE OF BIRTH	
INCIDENT INFORMATION									
<input type="checkbox"/> Case <input type="checkbox"/> Crash <input type="checkbox"/> Misdemeanor									
<input type="checkbox"/> Fatal Crash <input type="checkbox"/> Fatal Crash									
PROPERTY NUMBER	PROPERTY DESCRIPTION				LOCATION COLLECTED			SERIAL NUMBER	YOUR ID MARK
14	15				16			17	18
PROPERTY CHAIN									
PRINTED NAME	SIGNATURE	UNIT NO.	TIME	DATE	COMMENTS	RECEIVING OFFICER PRINTED NAME	RECEIVING OFFICER SIGNATURE	UNIT NO.	
19	20	21	22	23	24 COLLECTED	25	26	27	
CRIME LAB EXAMINATION									
(Check Type or Types of Laboratory Examination Desired)									
TOXICOLOGY: BLOOD / URINE / OTHER FLUID									
<input type="checkbox"/> Blood / Urine Analysis (Fluid container sealed and labeled with time, date, name and collector) <input type="checkbox"/> DRE Certification # _____									
<input type="checkbox"/> For all Available Drugs <input type="checkbox"/> For Specific Drug(s) _____ <input type="checkbox"/> For Alcohol <input type="checkbox"/> SF Capsule Added by: _____ <input type="checkbox"/> Deceased									
DRUG / CONTROLLED SUBSTANCE ANALYSIS									
<i>(Note: Misdemeanor Marijuana amounts will not be tested unless specifically requested)</i>									
<input type="checkbox"/> Beverage Analysis <input type="checkbox"/> Examination _____ <input type="checkbox"/> Store Evidence Until Further Notice <input type="checkbox"/> Destroy the Submission (No Prosecution)									
OSHP DIGITAL FORENSIC EXAMINATION DO NOT SEND TO THE OSHP CRIME LAB					BCI LABORATORY EXAMINATION DO NOT SEND TO THE OSHP CRIME LAB				
<input type="checkbox"/> Digital Forensic Analysis (Complete CCU Request Service 30) <input type="checkbox"/> Video Analysis (Complete FVA Unit Form)					For all other examinations, you must submit the evidence directly to a BCI Lab with BCI FORM 101.				
Submission of this completed form and evidence to the OSHP Crime Lab implies acknowledgement/authorization for lab staff to determine the most appropriate test methods to employ based on the evidence and test request(s).					Remarks: 31				

- 1 –** Check the appropriate box for your agency. If you are with OSHP or OIU, no other information is required beyond the checkbox. If you are from an outside agency, write your agency's name in the available space.
- 2 –** Enter your agency's ORI, or if with OSHP or OIU, enter your assigned facility's ORI.
- 3 –** (For OSHP and OIU Only) Enter your assigned District or OIU Office
- 4 –** (For OSHP Only) Enter your assigned post number
- 5 –** Enter the submitting officer's name
- 6 –** Enter the submitting officer's unit or badge number
- 7 –** Enter the name of the individual from whom the property was taken or with whom it is associated
- 8 –** Enter the individual's date of birth
- 9 –** Indicate if the property is associated with a case or a crash
- 10 –** Enter the case or crash number associated with the property
- 11 –** Check this box if the criminal offense associated with the property is a misdemeanor level offense
- 12 –** Enter the CAD number associated with the incident/property (Do not include the "P" in the CAD Number) (OSP/OIU only)
- 13 –** Check this box if the property is associated with a fatal crash
- 14 –** Enter the sequential number for the property, if applicable
- 15 –** Enter a description for the property
- 16 –** Enter the specific location from where the property was obtained
- 17 –** If applicable, enter a serial number for the property

- 18 –** Indicate the identifying (ID) mark (corresponding with what is marked on the property or the property’s packaging)
 - 19 –** Print the name of the person who collected the property (Note: if your name is going to appear on the Property Control Form multiple times, printing your name the first time you sign the Property Control Form is sufficient.)
 - 20 –** Signature of the person who collected the property
 - 21 –** Unit number of the person who collected the property
 - 22 –** The time the property was collected or the time specific action noted in “COMMENTS” was taken
 - 23 –** The date the property was collected or the date specific action noted in “COMMENTS” was taken
 - 24 –** Indicate what was done, or is to be done (*i.e.*, relay to lab, take to court, move to location), with the property for the event (the first line will always be “collected”). Property moving from one person to another requires only one line entry.
 - 25 –** If the property is being passed to another individual, the receiving individual will print his/her name here
 - 26 –** If the property is being passed to another individual, the receiving individual will sign here
 - 27 –** If the property is being passed to another individual, the receiving individual will put his/her unit number here
- NOTE:** If an exchange of property is not taking place, and the property is not being given to another individual (*i.e.*, being placed in a temporary evidence locker or the packaging being opened for photographs), place a single line through 25-27.

The property chain example below demonstrates the proper way to complete this section. Please take note that only one line entry is created each time the property changes hands, is placed into a secure location, or is given to an outside agency.

PROPERTY CHAIN EXAMPLE:

PROPERTY CHAIN									
	PRINTED NAME	SIGNATURE	UNIT NO.	TIME	DATE	COMMENTS	RECEIVING OFFICER PRINTED NAME	RECEIVING OFFICER SIGNATURE	UNIT NO.
A	Trooper Smith	<i>Trooper Smith</i>	534	1000	11/1/2017	COLLECTED	-----	-----	-----
B	Trooper Smith	<i>Trooper Smith</i>	534	1115	11/1/2017	Hand to Sergeant Doe	Sergeant Doe	<i>Sgt. Doe</i>	1685
C	Sergeant Doe	<i>Sgt. Doe</i>	1685	1125	11/1/2017	To Post Evidence Room			
D	Sergeant Doe	<i>Sgt. Doe</i>	1685	0950	11/3/2017	Out to Trooper Jackson	Trooper Jackson	<i>Trooper Jackson</i>	1198
E	Trooper Jackson	<i>Trooper Jackson</i>	1198	1330	11/3/2017	Hand to BCI London			

- A** – When the property is initially collected, the person collecting or taking initial possession of the property completes the first “Collected” line entry.
- B** – In this example, the collecting officer gives the property to another officer. Since this property transfer is from one person to another person, both individuals are required to sign the line, thus both acknowledging the transfer of property.
- C** – In this example, the person with current possession of the property is not transferring it to another person, but is placing it into a secure location (evidence room). Since the transfer of property is not from one person to another person, but rather is from one person to a secure location, the line entry is only signed once, with the “Receiving Officer” information crossed out.
- D** – In this example, the sergeant/evidence custodian is removing the property from the evidence room and giving it directly to another officer; therefore, since one person is removing and giving the property to another person, both of their signatures are required.
- E** – In this example, the unit is giving the property to BCI, an outside agency, so only one signature is required from the unit giving the property. (NOTE: Once the property was picked up from BCI, after their analysis, the receiving unit would sign the first portion of the line entry as “Hand from BCI”, and the “Receiving Officer” portion at the end of the line entry would be crossed out)

28 – If the property is urine, blood, or another substance being sent to the Crime Lab for toxicological testing, indicate the specific testing requested and ensure that the collection seal is completely filled out and placed on the tube. If related to a Drug Recognition Expert (DRE) incident, list the collector's/submitter's DRE Number. If urine is being submitted, indicate who added the SF Capsule to the specimen. If the individual from whom the substance is being collected is deceased, check the box marked "Deceased".

29 – Of the four available choices in this section, only one should be checked. Check the appropriate box in this section if you are requesting a beverage analysis. If it is a suspected controlled substance, check the "Examination" box and indicate the type of suspected substance for examination, *i.e.*, marijuana, cocaine, heroin, methamphetamine, *etc.* Check the "storage" box if you do not need the substance tested but only held until further notice. Check the "destruction" box only if the submission may be immediately destroyed upon receipt by the Crime Lab.

NOTE: Misdemeanor marijuana will NOT be tested unless specifically needed for trial. If an amount of marijuana is submitted that would normally be a misdemeanor but the charge is in fact a felony, *e.g.*, illegal conveyance, please indicate so in the "remarks" in section 31.

30 – If you are submitting digital media for forensic examination to the OSHP Computer Crimes Unit (CCU), check the appropriate box and submit a CCU Request Service Form with the property. If you are submitting property for a Video Analysis, check the appropriate box and submit a FVA Unit Form with the property.

NOTE: If you are submitting the property to the BCI Lab, you must complete a BCI FORM 101 (available in OHLEG).

31 – This section allows you to put remarks relevant to the property (*e.g.*, "unlock codes" for digital devices)